

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>SP</i>	69861	3/15
O.I.P.E. CLASSIFIER		<i>6800</i>	3-20-90
FORMALITY REVIEW			5-15
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4/30/93
2	5/16/93
3	5/14/94
4	8/13/94
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Claim	Date
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If more than 150 claims or 10 actions  
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